

New Student Offline Registration Form

*Please print clearly*

*\*Starred items are required\**

Guardian Information

**\*Guardian 1**

**Guardian 2**

**\*Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**\*Address**

\_\_\_\_\_  
\_\_\_\_\_

**\*Phone 1:** \_\_\_\_\_

**Phone 2:** \_\_\_\_\_

**Texting?      Yes      No**

**Texting?      Yes      No**

**\*Email 1:** \_\_\_\_\_

**Please note:** *Email is our primary way of contacting you. Please give us an email that gets checked regularly.*

**Email 2:** \_\_\_\_\_

\_\_\_\_\_

Student Information

**Student 1**

**\*Name:** \_\_\_\_\_

**\*DOB:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Student cell phone:** \_\_\_\_\_ **Student email:** \_\_\_\_\_

**Student 2**

**\*Name:** \_\_\_\_\_

**\*DOB:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Student cell phone:** \_\_\_\_\_ **Student email:** \_\_\_\_\_

**\*Medical History:** Special medical needs/ concerns (injuries, allergies, conditions, dietary needs, medications, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Classes you wish to Register for:** (Please list the day, time, and class title as they appear on the schedule)

*For multiple students, make sure their names are listed next to the classes they want*

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

**\*Circle the payment plan you are interested in:**                      **Monthly**                      **Yearly (two 5 month payments)**

**MAKE SURE TO FILL OUT ALL ATTACHED FORMS BEFORE TURNING IN**